TO: Mayor and Council Members

FROM: Rey Arellano, Assistant City Manager

DATE: September 8, 2017

SUBJECT: Homelessness Outreach Street Team (HOST) Pilot Results and Recommendations

---

This memo provides a report of the success of the Homelessness Outreach Street Team (HOST) pilot, with recommendations to make HOST a sustainable operation.

Summary

HOST is a collaborative initiative among the Austin Police Department (APD), Integral Care (IC), Austin-Travis County Emergency Medical Services (EMS), Downtown Austin Community Court (DACC), with support from the City of Austin Office of Innovation and the Downtown Austin Alliance (DAA), to address proactively the needs of individuals experiencing homelessness in Austin's Central Business District. These inter-agency and private sector partners launched this pilot by reallocating existing resources to test the concept.

The approach of a multi-disciplinary team deploying to meet people where they are has been successful. Quantitatively, from June 2016 through June 2017, HOST intervened with 947 individuals (non-duplicated), made 1,528 contacts with these individuals, met over 889 needs, and created 89 diversions from the revolving door of emergency services to more appropriate resources. Qualitatively, HOST provided an opportunity for the community to come together to explore, unravel, and understand the complex and tangled problems related to the conditions of homelessness downtown. HOST members built trust with individuals experiencing homelessness, as well as with service providers and other agencies. HOST's lessons learned may provide useful insights for future decisions related to ending homelessness in Austin.

On June 29, 2017, HOST agency executives met and discussed lessons learned and developed recommendations that could make HOST a sustainable part of City operations. Operating as a pilot, the participating departments reallocated positions and resources to HOST which reduced the capacity of the units they came from. Although HOST performed as described above, its effectiveness is hampered by the lack of (1) a clarity of roles, (2) operational and administrative support, (3) integrated data management, (4) basic resources and supplies, and (5) capacity for identifying and closing homeless

service gaps. The multi-disciplinary approach, key to team's success, requires a strategically unified approach to grow appropriately. Over the next fiscal year, agencies will firm up the team foundation by moving HOST's programmatic home from APD to EMS. HOST's next steps include clarifying roles for HOST contributors, obtaining administrative and operational support (which frees up an estimated 30% of the time that HOST members spend on administrative work instead of service delivery), training APD district representatives and other partners, building capacity for identifying and closing homelessness service gaps, and improving all aspects of data management. This supports an effective, efficient, and flexible deployment strategy where data shows areas of greatest need and benefit.

The attached report includes background, outcomes, lessons learned and the details for the following three options that move HOST toward a sustainable capability:

- Support Staff Only
- Partially Funded Field Staff Option (Sustainable)
- Fully Funded Staff Option

In its current configuration, HOST consists of the following staff:

- Two (2) APD Officers
- Two (2) EMS Medic II
- One (1) DACC Case Manager
- Three (3) IC Case Managers, including one (1) supervisor

During the FY17 budget process, funding was provided for some of these positions including one (1) Medic II position and the three (3) IC case managers. The remaining positions were reallocated from their departments and currently risk occasionally getting pulled back to their original assignments based on departmental needs. The following options move towards fully funding the HOST team and eliminating this risk.

Support Staff Only. This option adds administrative and data analyst staff so that the necessary administrative tasks can be shifted from HOST staff, thereby increasing the capacity of the HOST field staff.

		#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	2	$196,170	-	
	FTE (sworn)	0	-	-	
Service Delivery	FTE (civilian)	0	-	-	-
Total		2	$196,170	-	-

FTE: Full Time Equivalent

Partially Funded Field Staff Option (Sustainable). This option partially funds the APD sworn staff on the HOST team to allow some of the reallocated sworn staff to return to their original assignments. It also adds a case manager to DACC to handle HOST clients and increases the service contract funding based on FY17 service delivery demand. *This represents the sustainable option for the team as currently configured*.

		#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	2	$196,170	-	
	FTE (sworn)	1	$202,360	$107,164	
Service Delivery	FTE (civilian)	1	$82,163	$500	$395,500
Total		**4**	**$408,693**	**$170,664**	**$395,500**

FTE: Full Time Equivalent

Fully Funded Field Staff Option. This option includes funding for all of the sworn staff assigned to the team as currently configured, adds a second Case Manager, adds an EMS Captain for overall coordination of the HOST program, and provides an additional $99,000 to serve an additional 2 HOST-referred clients per month.

		#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	2	$196,170	-	
	FTE (sworn)	4	$591,307	$232,164	
Service Delivery	FTE (civilian)	2	$164,326	$1,000	$494,500
Total		**8**	**$951,803**	**$233,164**	**$494,500**

Cc: Elaine Hart, Interim City Manager
Assistant City Managers
Ray Baray, Chief of Staff
Brian Manley, Interim Police Chief
Ernesto Rodriguez, Austin-Travis County EMS Chief
Pete Valdez, Downtown Austin Community Court Administrator
Kerry O'Connor, Chief Innovation Officer
David Evans, Chief Executive Officer, Integral Care
Darilynn Cardona-Beiler, Associate Director for Adult Behavior Health, Integral Care
Dewitt Peart, President & CEO, Downtown Austin Alliance
Bill Brice, Security & Maintenance Director, Downtown Austin Alliance

HOST Pilot Results and Recommendations

Background

The Homelessness Outreach Street Team (HOST) brings together the expertise of police officers, behavioral health specialists, community health paramedics, and case managers in a collaborative initiative in Austin's Central Business District to address proactively the needs of individuals experiencing homelessness. This multidisciplinary team helps bridge the gaps between social services and public safety and address situations where hard-to-reach populations get stuck in the revolving door of emergency shelters, justice systems, and emergency services. Modeled after similar successful homeless outreach programs in other U.S. cities, Austin's team is unique in the multi-disciplinary approach to proactive deployment on the streets.

The HOST partner agencies include the Austin Police Department (APD), Integral Care (IC), Austin-Travis County Emergency Medical Services (EMS), Downtown Austin Community Court (DACC), the Office of Innovation, and Downtown Austin Alliance (DAA). These agencies created and sustained this pilot by reallocating existing resources to test the approach. The first year focused on gathering experience and evidence during a pilot period to inform and advise officials on how to sustain the program long-term and identify the funding requirements necessary to institutionalize the HOST program.

The pilot began on June 1, 2016 and will extend through September 30, 2017 within the boundaries of the Colorado River, Lamar Blvd., 29th Street, and IH-35. HOST walks in the area to interact and build trust and relationships with individuals experiencing homelessness. HOST motivates people to engage in services, provides immediate services, and connects people with local service providers as quickly as possible. HOST regularly connects with local service providers including Front Steps, Salvation Army, Caritas of Austin, Trinity Center, the Ending Community Homelessness Coalition (ECHO), and others. With community partners, it collaborated with these service providers to create pathways for clients to achieve housing, wellness, and stability.

After 18 months, all agencies agree that HOST represents an opportunity to not only reduce the public costs of providing assistance in an emergency services environment and life-saving potential for those individuals experiencing homelessness; but also offers a way for the community to come together to explore, unravel, and understand the complex, tangled challenges related to homelessness downtown. By understanding these challenges, the City can adjust policies, programs, services, or funding to create more positive outcomes for those experiencing homelessness and the broader community.

Outcomes and Success Measures

The Ending Community Homelessness Coalition (ECHO) estimates in its 2016 *Needs and Gaps Report* that the revolving door between jails, shelters, and emergency transport and emergency rooms on average costs much more than investing in Permanent Supportive Housing. The report estimates the following average daily costs:

- $96 for one day in jail
- $152 per jail booking

- $876 per EMS transport
- $1,400 per emergency room visit
- $4,800 per inpatient hospital stay
- $21 per day for shelter

This compares with $61 per day for Permanent Supportive Housing.

The ECHO *Needs and Gaps Report* estimates that the top 250 recurring individuals that cycle through the emergency health and criminal justice systems alone costs, on average, $222,000 per year. In contrast, investing in Permanent Supportive Housing would dramatically reduce these costs for a cost avoidance of $179,700.

Given these figures, HOST agencies established the initial pilot outcomes as: increased safety and access to services; resulting in fewer arrests/citations, jail bookings, and emergency transports/emergency room usage; crisis prevention; increased case managed clients; increased enrollments in Coordinated Assessment and Homeless Management Information System; and increased opportunity for permanent housing.

Metrics to Date

From June 2016 to June 2017, HOST had contact with 947 individuals (non-duplicated), made 1,528 contacts with those individuals, and met 889 needs, including:

- 222 coordinated assessments completed
- 114 Shelter/linkage to housing services
- 125 Mental health evaluation and treatment
- 44 Substance abuse services
- 134 Medical care services
- 86 Medical Access Program Cards
- 73 Basic needs
- 28 Transportation needs
- 41 Identification document
- 22 Miscellaneous needs

HOST intervened in 89 known diversions from the revolving door of emergency services:

- 40 diversions from hospital emergency rooms
- 28 diversions from jail
- 21 diversions from psychiatric hospitals

How Performance Was Measured

During the first half of the HOST pilot, the team established joint success measures across the agencies. However, the team discovered that measuring the impact of diversions proved challenging because of differing definitions across the agencies. In addition, the wide range of conditions and intentions that are encountered are not easily categorized. For example, clients do not always express that they will call an ambulance, which makes the definition of "diversion" difficult. A community health paramedic may intervene on a medical condition that one speculates could later lead to an emergency call, such as untreated diabetes and blood pressure. For mental health interventions, there is a fine line between crisis intervention, diversion, and prevention activities.

The variable state of a client's mental health leads to difficulty in identifying some mental health/jail diversions. Mental and physical health conditions appear over time and clients can be missed because they do not always show symptoms of their conditions at the point of intervention. When intervening, police officers may see an individual's behaviors, but they do not have the client's overall history and diagnosis. The client may not meet the criteria for an emergency detention, defined as an imminent danger to self or others, and the intervening authority might not have the ability to look at the client's history.

As a result, the team developed proxy measures such as tracking the number of needs that were met. The categories of medical services needs include pharmacy/prescription, primary care, health care funding, home health, food/nutrition, laboratory services, specialty care, and transportation. For a mental health diversion, the team counted an intervention as prevention when the client was in a psychiatrically declining state; specifically, counting the number of times they called Integral Care's Mobile Crisis Outreach Team (MCOT) or utilized Psychiatric Emergency Services (PES) in lieu of emergency detention. The team also counted referrals from Austin Police Department (APD) officers, or referrals from the Texas Department of Public Safety (DPS), as jail diversions.

Refined Mission Statement

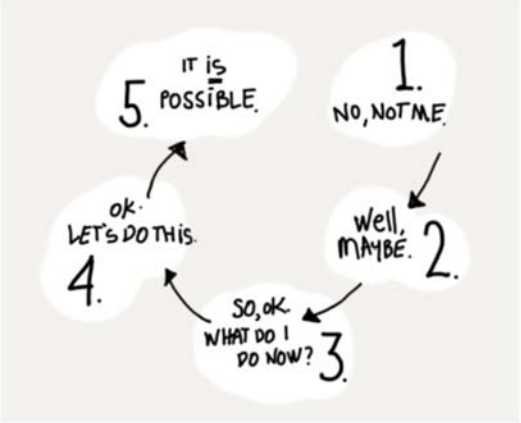
Several months into the pilot, the mission of HOST emerged as ***the right intervention with the right resource at the right time.*** Following the example of the Emergency Medical Services Community Health Paramedics, by making this mission statement explicit, all agencies joined in the collaborative effort to achieve optimum use of public resources and better outcomes for clients on their pathway to housing. A common example of the impact that Community Health Paramedics have on the health care system involves psychiatric patients that use emergency room beds for hours, waiting for the correct provider to meet their mental health needs. Paramedics are able to reach clients and get them to the appropriate resource in the first place rather than inefficiently using resources that are unable to fully meet their needs. Those emergency room beds and resources would be free to handle other emergency room cases, such as cardiac arrest, stroke, and accident, leading to an optimum use of resources.

This was one of many benefits of the inter-agency collaboration. Each contributor brought their diverse knowledge and expertise, creating collective wisdom for problem-solving. While many of the partners have worked with individuals experiencing homelessness, they have differing approaches and assumptions. By unpacking the different experiences of the group, it helped create shared understanding and new insights to known problems for all involved.

The benefit of the multidisciplinary team is that the appropriate authority can be contacted quickly to look at a client's history in all areas and determine the appropriate intervention rather than waiting for the client to be able to visit the appropriate authority. Having Integral Care and EMS Community Health Paramedics involved as members of HOST has proved invaluable, especially given the intertwined nature of physical and mental health conditions. These two agencies on the team also facilitated trust with individuals experiencing homelessness.

Busting Barriers, Nudging through a Cycle of Change

Qualitatively, HOST achieved good outcomes by building trust with many of these individuals experiencing homelessness. Social service providers cite the stages of the cycle of change as a nonlinear process of overcoming personal and social hurdles to make changes in daily life. The stages include 1. Pre-contemplation, 2. Contemplation, 3. Planning, 4. Action, 5. Maintenance, and if change is unsuccessful, 6. Relapse.



Cycle of Change
source: https://inwithforward.com/approach/

HOST found that when clients who experienced long-term homelessness were ready for change, services were often not readily available to them.

Team members recognized that whether the intervention was related to physical health, mental health, or facilitating pathways to housing, clients had a narrow window of opportunity to access those interventions. By meeting people where they are both physically on the street, ***but also where they are within the cycle of change,*** team members increased the likelihood of creating an intervention when a window of opportunity opened. This realization gave new meaning to the mission ***right intervention with the right resource at the right time***.

Learnings: Barriers to Service Delivery

HOST found that individuals experiencing homelessness had common barriers that the team could help overcome, while other barriers existed outside of the team's zone of control.

- **Common barriers to service delivery:** Requirements, policies, and attitudes can block the accessibility of services, amenities, and information to clients and other providers. In one example, HOST learned that clients receiving hospice care encounter sobriety requirements, resulting in one client nearly dying on the street from cancer but for EMS intervention. Paperwork requirements before being housed have a specific sequence - clients must deal with outstanding utility debt, criminal background checks, and lost identification. This adds delays and transportation obstacles that can frustrate efforts to get clients into housing. In other situations, clients have safety concerns with shelters, worry their items might be stolen, or won't stay in shelters because of their pets.

- **Safe places during the day:** The wait for housing can take months or years. In addition to a shortage of shelter beds, very few clients have a safe place to be during the day while they wait for housing.

- **Shelter for victims of domestic violence:** Shelter for women fleeing domestic violence is constantly full and women may face months of wait for this sanctuary.

- **Encampments:** The presence of encampments can create heightened awareness and concerns in communities and requires different approaches than working with individual people who are unsheltered downtown. There are many reasons that some individuals experiencing homelessness may sleep and live in encampment settings, such as a greater sense of community and safety. Past clean-up efforts have demonstrated that merely demolishing encampments is not a sustainable solution. When a demolition of an encampment occurs, the unsheltered population from that encampment moves to other camps in the area or to the streets. Because of the current lack of available safe temporary shelter and affordable housing in the City of Austin, there are few alternative shelter options for those living in encampments.

- **Intersection of mental/behavioral health and criminal justice:** APD has the authority of conducting an emergency psychiatric detention as a method of diverting people from the criminal justice system if the client's mental health condition warrants such an intervention. However, those interventions and emergency mental health services often do not have the intensity or duration needed to make an impact in changing the client and aiding the management of their condition. Hospitals often discharge these clients back on the streets. The cycle of crisis can continue, as clients may face arrest by an officer who has no knowledge of their mental health condition. While in jail, clients often do not get care or treatment unless a clinician knows and advocates on behalf of the client. Clients facing this cycle may view this kind of an intervention as a betrayal, causing them to further mistrust HOST and the system.

- **Knowledge management:** Silos exist between public safety agencies, medical providers, courts, jails, social service providers, and charitable organizations. In this complex system, those who interact with residents experiencing homelessness cannot know all of the resources that we have in the community because there is no effective, centralized knowledge-sharing and communication system across systems. Those that exist, such as 2-1-1, are commonly cited by practitioners as ineffective either in terms of accuracy, accessibility, or relevance. Services may change frequently for various reasons including budget and operational changes. The latest change may be shared via email, or printed fliers, or word of mouth. Service providers need a tool to be able to strategically communicate to each other and share knowledge to be able to immediately tend to client needs. Without the assistance of navigators, clients have difficulty finding resources to meet their needs and finding their way through the system of requirements. Closing the knowledge and communication gaps can help enhance resource triage, service accessibility, and client navigation through the continuum of care.

- **Service Design:** There are a number of logistical hurdles to resources and housing that would benefit from intentional service design. For example, how might we better design services to sequence paperwork in light of the clients' not having a physical address? Design could help reinforce linkages and handoffs between systems such as from hospitals to respite care or from

substance abuse recovery programs to shelter/housing. There are plenty of opportunities for design to reduce friction in the system while maintaining client dignity and enabling recovery to reinforce progress along the cycle of change.

- **Data, systems integration, and mobile access:** HOST data elements required to deliver performance measures are scattered across at least four data systems of each partnering agency. Often, the same information about the same people is entered into more than one data system. In some cases, this cannot be avoided due to documentation requirements set by state and federal laws. Lack of mobile device-accessible systems and lack of a standardized data format with public safety or health agencies add a significant time requirement to collaboration.

- **Prevent housing attrition:** HOST assisted clients who had either lost or were about to lose their housing because of unpaid bills, substance use, or mental illness. In some cases, clients returned to the streets even though they have housing because that is the life that they know and where their community exists.

- **More proactive, less reactive**: Our system focuses on crisis management. Often services are only available to those in relatively stable or in extreme crisis (at risk of harming themselves or others). Grantor service definitions and performance requirements reinforce this dynamic. HOST encountered clients who were either classified as too acute or not acute enough for a needed service. The system prioritizes resources on the most vulnerable. Meanwhile, those who are not as vulnerable are still at risk of deteriorating as they wait for services and housing. In some cases that HOST has experienced, people fall off the radar and re-appear showing symptoms of rapid deterioration of their mental and physical condition.

Testing New Pop-up Service Delivery

Many conversations focus on the diversion of top utilizers out of the emergency system into housing. HOST has learned that these interventions require higher levels of specialty, time, and focus - a typical dynamic where 20% of cases take 80% of the time. HOST also found the reverse to be a problem: that 80% of the street population had needs that were not being met. To serve these needs and prevent deterioration of their condition, in July 2017, HOST began offering pop-up services to handle the needs of individuals experiencing homelessness with a combined offerings at a single location, including street medicine, pharmacists, and case management. The first pop-up recruited seven clients. Word-of-mouth recruitment increased participation at the second pop-up to 17 clients, and 30 clients at the third pop-up. ***HOST members estimate that each service might have taken an accumulative 30-45 days to complete if left to traditional methods.*** By co-locating temporarily to meet people where they are, HOST agencies continue to creatively problem solve in ways that increase system efficiency and effectiveness. The fact that the use of the pop-up services increased through word of mouth also serves to measure HOST's effectiveness in gaining the trust of individuals experiencing homelessness.

Next Steps to Sustainably Scale HOST into City Operations

1. Clarify roles for HOST contributors (organizations & individuals)
HOST's programmatic home will move from APD to EMS and the DACC will continue to manage the Integral Care contract. EMS will lead the effort to formalize the existing Leadership Team by chartering a Steering Committee and establishing operational goals and structure; as well as identifying and developing descriptions for the key roles within the HOST Team. The Innovation Office will assist EMS in developing an MOU to align roles and relationships among the agencies.

2. Obtain administrative & operational support
HOST will request one additional position (Program Coordinator) to provide administrative support such as answering the phones, working in the command/coordination center, helping to operationalize referrals and monitor radios. This position provides a needed operational hub and the ability to manage all the administrative aspects of HOST operations. This support for the HOST field staff will reduce their administrative burden, enabling them to spend an estimated 30% more time in the field with clients.

3. Improve all aspects of data management
HOST will request one additional position (IT Business Systems Analyst) in order to evolve the HOST program's data management capability. Improved data management would in turn improve the team's ability to assess, monitor, and track HOST clients. The team needs to evolve its capacity for automated data entry, data integration, and data sharing. EMS will lead the effort to identify existing City of Austin or Integral Care resources that may be able to support this need by redeploying existing resources. The Bloomberg Philanthropies Innovation Team grant may be able to assist.

4. Build capacity for identifying and closing homeless service gaps
EMS will lead a process improvement effort to build on existing & emerging knowledge, best practices and tools to identify and close gaps. The Bloomberg Philanthropies Innovation Team grant will be able to assist.

5. Acquire needed, basic HOST Team resources & supplies
These needs include co-located space beginning next summer, a fully equipped Police vehicle for reliable transportation with computer capabilities, mobile phones or stipends for phones, office supplies, and funds for immediate client care needs (e.g. bus pass, functional shoes, meal).

Building on Lessons – Bloomberg Philanthropies Innovation Team Grant

The Innovation Office will continue to partner with HOST and service providers on the topic of homelessness to take these lessons learned to the next level. On July 20, 2017, the City of Austin executed an agreement with Bloomberg Philanthropies which brings a grant of up to $1,250,000 over three years. The purpose of the grant is to add an innovation team (iTeam) to a city. Grant funds may only be used for salaries and benefits, and for expenses related to the iTeam's work. Teams are expected to go through a rigorous process of framing problems before engaging in identifying solutions or connecting to ideas.

This opportunity enables the City of Austin to increase capacity to address the Mayor and Council's priority focus on ending homelessness. From within the City's Office of Innovation, a Bloomberg-funded iTeam will facilitate the collaboration between City departments and community stakeholders. While

many efforts are currently happening and will be emerging, the iTeam will focus on issues where community members have indicated that they do not currently have sufficient information or insight and where they felt it might be able to unpack assumptions.

The next step is to include the voices of those with lived experience of homelessness into the process. The Innovation Team will partner with HOST during their pop-ups to capture oral narratives and journey maps.

Budget Recommendations

This section provides three options for moving toward a sustainable HOST capability:

- Support Staff Only
- Partially Funded Field Staff Option (Sustainable)
- Fully Funded Staff Option

In its current configuration, HOST consists of the following staff:

- Two (2) APD Officers
- Two (2) EMS Medic II
- One (1) DACC Case Manager
- Three (3) IC Case Managers, including one (1) supervisor

During the FY17 budget process, funding was provided for some of these positions including one (1) Medic II position and the three (3) IC case managers. The remaining positions were reallocated from their departments and currently risk occasionally getting pulled back to their original assignments based on departmental needs. The following options move towards fully funding the HOST team and eliminating this risk.

Support Staff Only

As described previously, the ability to shift administrative tasks from the HOST field staff will increase the time they can spend in the field contacting those in need. In this option, **one Program Coordinator** position will be dedicated to administrative support such as answering the phones, helping to operationalize referrals, and monitoring radios. This Program Coordinator helps give the team a needed operational hub and ability to manage all administrative aspects of operations. This support for the frontline team will reduce their administrative burden, enabling them to spend an estimated 30% more time with clients.

In addition, **one IT Business Systems Analyst** will enable HOST to analyze data, keep track of performance metrics, and make data-driven recommendations. The HOST pilot identified the need to evolve its capacity for automated data entry, data integration, and data sharing. This will improve the overall operational performance of HOST.

		Position	#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	• Program Coordinator • IT Business Systems Analyst	2	$196,170	-	
	FTE (sworn)	-	-	-	-	
Service Delivery	FTE (civilian)	-	-	-	-	-
		Total	**2**	**$196,170**	-	-

FTE: Full Time Equivalent

Partially Funded Field Staff Option (Sustainable)

This option includes the Staff Only option and funds more of the sworn staff (**one Police Officer**) to allow one reallocated sworn staff to return to their original assignment. In its current configuration, there are two (2) Police Officers and two (2) EMS Medic IIs assigned to HOST. One of the EMS Medic II positions is currently funded as part of HOST.

The Downtown Austin Community Court (DACC) manages a program designed to engage public order offenders, primarily frequent/repeat offenders who are homeless with mental health, physical health and substance abuse issues, by connecting these individuals to the Intensive Case Management (ICM) program that provides wrap-around, comprehensive case management and links these individuals to services necessary for them to acquire permanent stability. However, a number of HOST-referred clients fall outside DACC's program scope of work in that they have not had any prior history with DACC. In order to accommodate the HOST-referred clients, **one Case Manager** is added to DACC. In addition, funding from DACC's ICM program was reallocated to provide services to HOST-referred clients. This option adds **service contract funding for $395,500** for the HOST program based on FY17 services provided to HOST-referred clients.

This represents the sustainable option for the team as currently configured.

		Position	#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	• Program Coordinator • IT Business Systems Analyst	2	$196,170	-	
	FTE (sworn)	• Police Officer	1	$202,360	$107,164	
Service Delivery	FTE (civilian)	• Case Manager	1	$82,163	$500	$395,500
		Total	**4**	**$408,693**	**$107,664**	**$395,500**

FTE: Full Time Equivalent

Fully Funded Field Staff Option

This option funds all of the sworn staff for HOST as currently configured (**2 Police Officers**, **2 EMS Medic IIs**) to allow all reallocated sworn staff to return to their original assignments. In addition, **one EMS Captain** is added to lead the HOST program, coordinate EMS resources and serve as a liaison to the other HOST partners.

For Service Delivery, **two Case Managers** are added for DACC and **service contract funding for $494,500** is added in order to handle HOST clients based on FY17 service delivery demand plus an additional 2 HOST-referred clients per month ($99,000).

		Position	#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	• Program Coordinator • IT Business Systems Analyst	2	$196,170	-	
	FTE (sworn)	• Police Officer (2) • EMS Medic II (1) • EMS Captain	4	$591,307	$232,164	
Service Delivery	FTE (civilian)	• Case Manager (2)	2	$164,326	$1,000	$494,500
Total			**8**	**$951,803**	**$233,164**	**$494,500**

FTE: Full Time Equivalent